EXHIBIT E

LAYNE DREXEL 1910 OLD CAPITOL TR NEWARK DE 19711 Document 34-7 Filed 05/17/2007 Page 2 of 3

PREMIUM INVOICE

Invoice Date:

06/11/03 ;

Account/Policy:

MPA 812988 ,

Agency Code:

07-3641 ·

Payment Received:

\$1,376.00

Current Balance:

\$1,175.00

Minimum Due:

\$357.50

Due Date:

07/08/03

Minimum due must reach us by the due date

For assistance please contact your agent: S. T. GOOD DESURANCE, INC. at 800-531-1663

Dear Policyholder:

As a returning policyholder, we care again thank you for choosing us to handle your insurance needs and are pleased to have you as a customer. We trust the timely and professional service levels which we and your agent have provided in the past will enable us to retain you as a valued quatomer for many years to come.

We've changed the premium invoice to give it a new, easy to read format.

Your independent insurance agent's telephone number is shown above. Please refer to the reverse side of this statement for some additional important numbers you may need in the future.

Thank you for your business!

MPAJ 12986	06/04	Commercial Package *Installment Fee	1,175.00	352.50 5.00
		Totals	1,175.00	357.50

*If other than One-Pay selected

			· · ·	
Due Date	One-Pay	Two-Pay	FOUR-PRY	Mine-Pay
07/08/03	\$1,175.00	\$592,50	\$298.75	\$240.00
07/08/03	• •	•		\$ 122.50
08/08/03			\$298.75	\$122.50
09/08/03				\$122.50
10/08/03				\$122.50
11/08/03		\$592.50	#298.75	\$122.50
12/00/03				\$122.50
01/08/04				\$122.50
02/08/04			\$290.75	\$122.50

926

Harleysville Musual Insurance Company Proceeding Center 355 Msple Avenue Harleysville, PA 19441-0002 www.harleysvillegroup.com



Flease indicate account/policy number on check and make payable to Haricysville Insurance.

Insured:

LAYNE DREKEL

Detach and return this portion with your payment

Account/Policy:

MPA 812988

DRE

Current Balance:

\$1,175.00

Minimum Due:

\$357.50

Due Date:

07/08/03

Minimum due must reach us by the due date

Amount Pai

.d:	

If your address has changed, please cross out the 'Y' below and write new address on back of stub.

BE 30

0 4MPAB12988 0117500 0035750 0024080

Important Phone Numbers to Call:			
Claims Reporting800.892.8877	,		
Fraud Hotline			

Please indicate any Name or Address changes below:		

GU-1184 (Ed. 6-99)